

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215529719					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Hawksbill Hope, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TODD RIMKUS 10064 LOBLOLLY TRAIL MANASSAS, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2015</p> <p>SCC ID NO: 07136682</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 10064 LOBLOLLY TRAIL</p> <p style="text-align: center;">CITY/ST/ZIP: MANASSAS, VA 20110</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEUSA FACENDA DIRECTOR 10064 LOBLOLLY TRAIL MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH GULICK DIRECTOR 10064 LOBLOLLY TRAIL MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUZ HUNTER DIRECTOR 10064 LOBLOLLY TRAIL MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK RIMKUS DIRECTOR 10064 LOBLOLLY TRAIL MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANELLE SCOTT DIRECTOR 10064 LOBLOLLY TRAIL MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNA SHAW DIRECTOR 10064 LOBLOLLY TRAIL MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER WHITEREE DIRECTOR 10064 LOBLOLLY TRAIL MANASSAS, VA 20110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TODD RIMKUS		TODD RIMKUS, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			